TREATMENT PROTOCOL: TACHYCARDIA WITH PULSES (ADULT)

1. Basic airway
2. Pulse oximetry
3. Oxygen prn
4. Cardiac monitor: document rhythm and attach ECG strip
5. Advanced airway prn
6. Venous access
7. Consider underlying causes (e.g., dehydration, sepsis, trauma, etc.)

NARROW QRS		WIDE QRS	
Adequate Perfusion	**Poor Perfusion**	**Adequate Perfusion**	**Poor Perfusion**
8. If hypovolemia is suspected, treat by Ref. No. 1246, Non-Traumatic Hypotension Treatment Protocol 9. If heart rate equal to or greater than 150bpm: Valsalva maneuver 10. If unresponsive to Valsalva **Adenosine ❶❷** 6mg rapid IV push Immediately follow with 10-20ml normal saline rapid IV flush 11. If no conversion: **Adenosine** 12mg rapid IV push Immediately follow with 10-20ml normal saline rapid IV flush 12. Reassess for potential deterioration 13. **ESTABLISH BASE CONTACT (ALL)**	8. If atrial fibrillation/ flutter is identified, establish base contact ❸❹ 9. If heart rate equal to or greater than 150bpm: **Adenosine ❶❷** 12mg rapid IV push Immediately follow with 10-20ml normal saline rapid IV flush If no conversion: may repeat one time in 1-2min 10. Synchronized cardioversion ❺❻❼ May repeat one time 11. **ESTABLISH BASE CONTACT (ALL)** 12. If awake, consider sedation prior to cardioversion: **Midazolam** 1-2mg slow IV push, titrate for sedation 2.5mg IM or IN if unable to obtain venous access May repeat every 5min, maximum total adult dose 10mg 13. Synchronized cardioversion ❻❼ May repeat to a total of 4	8. If heart rate equal to or greater than 150bpm: **Adenosine ❶❷** 6mg rapid IV push Immediately follow with 10-20ml normal saline rapid IV flush 9. If no conversion: **Adenosine** 12mg rapid IV push Immediately follow with 10-20ml normal saline rapid IV flush 10. Reassess for potential deterioration 11. **ESTABLISH BASE CONTACT (ALL)**	8. Synchronized cardioversion ❻❼ May repeat one time 9. **ESTABLISH BASE CONTACT (ALL)** 10. If awake, consider sedation prior to cardioversion: **Midazolam** 1-2mg slow IV push, titrate for sedation 2.5mg IM or IN if unable to obtain venous access May repeat every 5min, maximum total adult dose 10mg 11. Synchronized cardioversion ❻❼ May repeat to a total of 4

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SPECIAL CONSIDERATIONS

❶ Contraindications: 2nd or 3rd Degree Heart Blocks; History of Sick Sinus Syndrome

❷ Use caution if patient is taking Persantine or Tegretol.

❸ Consider cardioversion for uncontrolled atrial fibrillation with hemodynamic instability. Consult base hospital physician for all patients experiencing atrial fibrillation.

❹ Cardioversion preferred if unconscious.

❺ If atrial flutter identified or digitalis toxicity suspected, consider reduced energy (50J) or consult with base hospital.

❻ Biphasic settings may vary; refer to manufacturer's guidelines, if unknown, use highest setting Monophasic at 100J, 200J, 300J, 360J.

❼ If monitor does not discharge on "sync", turn off sync and defibrillate.